

**CLAIMS ONLY**

**Application Number**

10/626976

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	171					
Total Claims	75					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
63						
64						
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69						
70						
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100						
Total Indep						
Total Depend						
Total Claims						